Late Contribution Report

CALIFORNIA FORM 497

NAME OF FILER Robert Rivas for Assembly 2024	**Date of This Filing** ___01/24/2023___
AREA CODE/PHONE NUMBER (916)285-5733	I.D. NUMBER (if applicable) 1456511
	Report No. ___545013-MM___
STREET ADDRESS	☐ **Amendment to Report No.** _____ (explain below)
CITY Sacramento	STATE CA ZIP CODE 95815

Date Stamp

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No. of Pages ___2___

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
01/20/2023	California New Car Dealers Association PAC Sacramento, CA 95814 ID# 741623	☐ IND ■ COM ☐ OTH ☐ PTY ☐ SCC		$5,500.00
01/20/2023	California New Car Dealers Association PAC Sacramento, CA 95814 ID# 741623	☐ IND ■ COM ☐ OTH ☐ PTY ☐ SCC		$5,500.00
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		

*Contributor Codes

IND - Individual   PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)   SCC - Small Contributor Committee
OTH - Other

Reason for Amendment:

2772923-0

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Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT **(IF COMMITTEE, ALSO ENTER I.D. NUMBER)**	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION **(IF APPLICABLE)**

Reason for Amendment: